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FAX FILING IN U.S. PATENT & TRADEMARK OFFICEDATE: December 30, 2004

TIME: _____

TO:	Examiner Alina A. Boutah	FAX NO.:	1-703-872-9306
FROM:	Kenneth N. Nigon	ADMIN. ASST.:	Tonya M. Berger
APPLN. NO.:	09/640,103	ATTY. DOCKET NO.:	FKC-100US
TITLE OF APPLN.: ELECTRONIC MESSAGE PROCESSING			
FILING DATE:	August 15, 2000	ART UNIT:	2143
FIRST INVENTOR:	Patrick McErlean	CONF. NO.:	1503
TITLE OF DOCUMENT (and List of Attachments): Transmittal, Fee Transmittal in duplicate, Petition for			
Extension of Time in duplicate, PTO-2038, Amendment (13 pgs.) with amended Figure 1			

Total Number of Pages: 21 (including this form)

COMMENTS

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PTO/SB/21 (09-04) (AW 10/2004)

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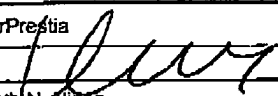
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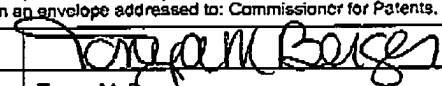
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/640,103
	Filing Date	August 15, 2000
	First Named Inventor	Patrick McErtan
	Art Unit	2143
	Examiner Name	Aina A. Boutah
	Attorney Docket No.	FKC-100US
Total Number of Pages in This Submission 20		

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PT-2038
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm Name	RatnerPrestia		
Signature			
Printed Name	Kenneth W. Nigon		
Date	December 30, 2004	Registration No.	31,549

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Signature			
Typed or Printed Name	Tonya M. Berger	Date	December 30, 2004

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PTO/SB/17 (12-04)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 300.00**Complete if Known**

Application Number	09/640,103
Filing Date	August 15, 2000
First Named Inventor	Patrick McErlan
Examiner Name	Alina A. Boutah
Art Unit	2143
Attorney Docket No.	FKC-100US

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: 18-0350 Deposit Account Name: RatnerPrestia

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**

_____ - 20 or HP = _____ x _____ = 0 **Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

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3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**


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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	31,549	Telephone	(610) 407-0700
Name (Print/Type)	Kenneth N. Nigon	Date	December 30, 2004		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Application Number	09/640,103
Filing Date	August 15, 2000
First Named Inventor	Patrick McElean
Examiner Name	Alina A. Boutah
Art Unit	2143
Attorney Docket No.	FKC-100US

METHOD OF PAYMENT (check all that apply)

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☐ Deposit Account Deposit Account Number: 18-0350 Deposit Account Name: RatnerPrestia

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Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
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Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

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Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x		0			
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
8 - 3 or HP =	3	x 100	300			
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

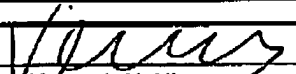
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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY		Registration No.	31,549	Telephone	(610) 407-0700
Signature		(Attorney/Agent)		Date	December 30, 2004
Name (Print/Type)	Kenneth N. Nigon				

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DEC 30 2004

FKC-100US

Appln. No.: 09/640,103
Amendment Dated December 30, 2004
Reply to Office Action of July 30, 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No: 09/640,103
Applicant: Patrick McErlean
Filed: August 15, 2000
Title: ELECTRONIC MESSAGE PROCESSING
TC/A.U.: 2143
Examiner: Alina A. Boutah
Confirmation No.: 1503
Docket No.: FCK-100US

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action dated **July 30, 2004**, please amend the above-identified application as follows:

- ☒ **Amendments to the Specification** begin on page 2 of this paper.
- ☒ **Amendments to the Claims** are reflected in the listing of claims which begins on page 4 of this paper.
- ☒ **Amendments to the Drawings** begin on page 9 of this paper and include an attached replacement sheet(s).
- ☐ **Amendments to the Abstract** are on page _____ of this paper. A clean version of the Abstract is on page _____ of this paper.
- ☒ **Remarks/Arguments** begin on page 10 of this paper.

01/03/2005 AWONDAF1 00000015 09640103

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